



**Insurance Committee**  
Public Hearing  
March 15, 2022  
**HB 5383 AAC Association Health Plans**  
American Heart Association

My name is Jim Williams, and I am the Government Relations Director for the American Heart Association in Connecticut. The American Heart Association (AHA) is the nation's oldest and largest voluntary organization dedicated to fighting heart disease and stroke. I would like to thank the leadership and members of the Insurance Committee for providing me with the opportunity to comment on HB 5383 AAC Association Health Plans.

Our nonprofit and nonpartisan organization represents patients with cardiovascular disease (CVD) and includes volunteers and supporters committed to our goal of improving the cardiovascular health of all Americans. AHA has worked diligently for many years to support and advance strong public health policies in addition to providing critical tools and information to providers, patients, and families to prevent and treat these deadly diseases.

The connection between comprehensive health insurance and health outcomes is clear and thoroughly documented. Americans with CVD risk factors who lack health insurance, or are underinsured, have higher mortality rates<sup>1</sup> and poorer blood pressure control than their insured counterparts.<sup>2</sup> Further, uninsured stroke patients suffer from greater neurological impairment, longer hospital stays<sup>3</sup>, and higher risk of death than similar patients covered by health insurance.<sup>4</sup> Beyond the enormous physical toll, cardiovascular diseases are also costly and burdensome to patients, their families, and our systems of care.

Bipartisan national polling relating to health plans with a similar risk of exemptions from the patient protections in state and federal law recently found over 90% of respondents believed all health plans should be required to abide by the same standards and rules, and over 90% of those polled supported regulations that ensure patient protections, such as Essential Health Benefits, remain enforced.<sup>5</sup> This proposal could mean every person in Connecticut working for a small employer is not similarly protected by the laws this body has already enacted to ensure comprehensive coverage. The legislature, not individual employers, should continue to determine what health coverage is appropriate for our state.

We typically have concerns with association health plans because they have a strong potential of undermining both state and federal patient protections. This proposal is vague as to impact on Connecticut's insurance landscape and our existing patient protections. We have two main questions relating to this bill:

- (1) How is the “notwithstanding” clause meant to be interpreted? Put another way, is this bill meant to be a clarification of the theoretical right of AHPs to form in Connecticut with restrictions in place (including the Essential Health Benefit mandate in § 38a.518q(b) and the premium rating requirements in § 38a.567) **or an elimination of those patient protections?**
- (2) Why would the bill allow sole proprietors to join AHPs? Given the fact that many of the same requirements appear to apply to both individual marketplace plans and AHPs, what would the impact of this provision be and why risk the potential impact on our individual marketplace's strength? As of now, sole proprietors are already able to access good health coverage through the marketplace.

With additional clarifications to the above questions, we could become neutral or even supportive of this bill if it can be assured that patient protections under the ACA are guaranteed and our state exchange, which the legislature has done so much to bolster, is kept strong.

Sincerely,

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American Heart Association  
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1 RTI. Projections of Cardiovascular Disease Prevalence and Costs: 2015–2035, Technical Report. [http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm\\_491513.pdf](http://www.heart.org/idc/groups/heart-public/@wcm/@adv/documents/downloadable/ucm_491513.pdf)  
Accessed June 19, 2017.

2 McWilliams JM, Zaslavsky AM, Meara E, Ayanian JZ. Health insurance coverage and mortality among the near-elderly. *Health Affairs* 2004; 23(4): 223-233.

3 Rice T, LaVarreda SA, Ponce NA, Brown ER. The impact of private and public health insurance on medication use for adults with chronic diseases. *Med Care Res Rev* 2005; 62(1): 231-249.

4 McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Health of previously uninsured adults after acquiring Medicare coverage. *JAMA*. 2007; 298:2886–2894.

5 Leukemia and Lymphoma Society. *Report: U.S. Adults Widely Agree It's Time to Protect Consumers from Short-Term, Limited-Duration Health Plans*. Published 2022. <https://www.lls.org/sites/default/files/2022-01/junk-survey-2022-final.pdf>